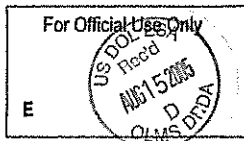


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7363</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES</u> <u>L</u> <u>KELLUS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>605 WITHERSPOON DR</u> City <u>SPRINGFIELD</u> State <u>Illinois</u> ZIP Code + 4 <u>62704</u>	4. Name, file number, and address of labor organization. Name <u>LIUNA LOCAL 477</u> Labor Organization File Number <u>013-508</u> P.O. Box, Building and Room Number, if any _____ Street <u>1615 N DIRKSEN PARKWAY</u> City <u>SPRINGFIELD</u> State <u>Illinois</u> ZIP Code + 4 <u>62702</u>
5. Position in labor organization. <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James Z. Kellus On 8-15-2005 217 522-0014  
Date Telephone Number

Name of Person Filing JAMES KELLUS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name CENTRAL LABORERS PENSION & WELFARE FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1267 Street City JACKSONVILLE State Illinois ZIP Code + 4 62651	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name CENTRAL LABORERS PENSION & WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1267 Street City JACKSONVILLE State Illinois ZIP Code + 4 62651	<b>11.a. Nature of such dealing.</b> ADMINISTER WELFARE FUND  <b>11.b. Approximate dollar value of such dealing.</b> <b>12.a. Nature of interest held or income received.</b> 01/18/2004 HAD DINNER AT A RESTURANT  <b>12.b. Amount.</b> \$27

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name LAKIN LAW FIRM Trade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 229 Street 301 EVANS AVE City WOOD RIVER State Illinois ZIP Code + 4 62095	<b>14.a. Nature of payment.</b> 12/10/2004 CHRISTMAS PARTY DINNER & REFRESHMENTS  <b>14.b. Amount of payment.</b> \$65
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

Name of Person Filing JAMES KELLUS

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1267

Street

City JACKSONVILLE

State Illinois ZIP Code + 4 62651

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CENTRAL LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1267

Street

City JACKSONVILLE

State Illinois ZIP Code + 4 62651

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

ADMINISTER WELFARE FUND

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

03/25/2004  
MIDWEST REGION CONFERENCE  
DINNER & REFRESHMENTS

## 12.b. Amount.

\$93

Name of Person Filing JAMES KELLUS

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1267

Street

City JACKSONVILLE

State Illinois ZIP Code + 4 62651

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CENTRAL LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1267

Street

City JACKSONVILLE

State Illinois ZIP Code + 4 62651

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

ADMINISTER WELFARE FUND

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

05/11/2004  
TRI-FUND CONFERENCE  
MILEAGE & DINNER

## 12.b. Amount.

\$179

Name of Person Filing JAMES KELLUS

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1267

Street

City JACKSONVILLE

State Illinois ZIP Code + 4 62651

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CENTRAL LABORERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1267

Street

City JACKSONVILLE

State Illinois ZIP Code + 4 62651

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

ADMINISTER WELFARE FUND

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

07/20/2004  
WELFARE MEETING IN CHICAGO  
HOTEL, MEALS, REFRESHMENTS & MILEAGE

## 12.b. Amount.

\$331

August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

**Re: Form LM-30 2004 Filing , Labor Organization File No. 013-508**

Dear Sir or Madam:

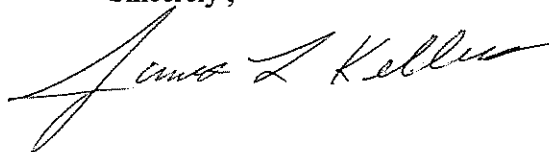
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have knowledge as to an exact amount.

As you know , it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further , the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have neither documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely ,

A handwritten signature in black ink, appearing to read "James L. Keller". The signature is fluid and cursive, with a long horizontal stroke at the end.